

**Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions**

COUNTY OF SAN DIEGO
2013 MAR 11 AM 11:23

A Public Document

1. Agency Name		Date Stamp 23	California Form 802 For Official Use Only
County of San Diego			
Division, Department, or Region (if applicable)			
Board of Supervisors			
Street Address		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
1600 Pacific Highway, San Diego, CA 92101			
Designated Agency Contact (Name, Title)			
Cheryl Cruz, Office Manager / Scheduler			
Area Code/Phone Number	E-mail		
619-531-5511	Cheryl.cruz@sdcounty.ca.gov		

2. Function, Event, or Ceremonial Role Information

Title San Ysidro Chamber of Commerce Face Value of Each Admission \$ 95.00

Description Annual Installation Dinner Date(s) 02/08/13 02/08/13

Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☒ If no: San Ysidro Chamber of Commerce
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes ☐ No ☒ If yes: _____
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	
Supervisor Greg Cox	two	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	speaking / Master of Ceremonies	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.


 Greg Cox
 County Supervisor
 03-05-13
 Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)